

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB -9 PM 1:22



1. Name of Limited Partnership
1a. DOCUMENT #
A94000000407

SPENCER FAMILY LIMITED PARTNERSHIP

| | | | | | |
|--|--|---|--|--|---|
| Mailing Address 1721 HERMIT SMITH ROAD APOPKA FL 32712 | | Principal Office Address 1721 HERMIT SMITH ROAD APOPKA FL 32712 | | 3. Date Formed or Registered 03/30/1994 | 5a. Capital Contributions as Shown on record. \$1,350,000.00 |
| | | | | 3a. Date of Last Report 07/10/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| | | | | 4. State or Country of Formation FL | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | 6. FEI Number 59-3360411 | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| | | 7. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent COPELAND, RICHARD W 631 PALM SPRINGS DR. SUITE 115 ALTAMONTE SPRINGS FL 32701 | 10. If changed, new Registered Agent/Office Name 800002430408--3 Street Address (P.O. Box Number Is Not Accepted) 02/13/98--01089--010 ***526.25 ***526.25 Suite, Apt. #, etc. City FL Zip Code |
|---|---|

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| | | | |
|---|---|---|-----------------------------------|
| 11. Name(s) of General Partner(s) SPENCER, DELBERT J SPENCER, SHIRLEY M | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1721 HERMIT SMITH ROA 1721 HERMIT SMITH ROA | 11b. City, State & Zip Code APOPKA FL 32712 APOPKA FL 32712 | 11c. Registration/Document Number |
|---|---|---|-----------------------------------|

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Shirley M. Spencer* DATE *2-13-98*

CR2E003 (12/97)